Florida's Revised Crosswalk for DC: 0-3R
June, 2010

Background:

Florida Medicaid (Agency for Health Care Administration, AHCA) was one of the first Medicaid programs in the country to recognize the unique differences when assessing and diagnosing the mental health of young children birth through age five. Through the work of a cross-discipline, cross-agency task force including families and providers, Medicaid policy was introduced in July 2000 to specifically address the unique needs of children in this age range in the revised Community Behavioral Health Services Coverage and Limitations Handbook, Section 5 Services for Children Ages 0 through 5 Years. Service requirements are listed below:

> ***Service Requirements***
>
> **Introduction** Services for children ages 0 through 5 years are subject to additional policy requirements outlined in this section.
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> Medicaid does not pay for community behavioral health services for treatment of autism, pervasive developmental delay, non-emotional or non-behavioral based developmental disability, or mental retardation. In order to receive community behavioral health services the infant or child age 0 through 5 years must:
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> 1. Have an ICD-9-CM diagnosis in the following range: 290 through 298.9, 300 through 301.9, 302.7, 303 through 312.4 and 312.81 through 314.9, 315.3, 315.31, 315.5, 315.8, and 315.9. Diagnosis codes are found in the *International Classification of Diseases, 9th Revision, Clinical Modification* (ICD-9-CM).
> 2. Be exhibiting symptoms of an emotional or behavioral nature that are atypical for the child's age and development.
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> **For children 0 through 3 years of age, Medicaid encourages use of the *Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0–3)* for assistance in determining the infant or child's ICD-9-CM diagnosis.**

In addition, AHCA expanded individual therapy services to include "individual/family therapy;" allowing inclusion of parent/child psychotherapy and dyadic work, as well as therapy with the parents alone without the identified child present. This was a monumental change that gave clinicians the ability to treat infants and very young children in the context of the critical parent/child relationship and be reimbursed for services.

While these very important changes in Medicaid policy were applauded and embraced by all early childhood interventionists, a dilemma still existed in that, unlike the DSM-IV, the DC:0-3 did not automatically crosswalk to the ICD-9-CM codes, thereby making it impossible to bill for assessment and treatment services. Thus, the concept of a "crosswalk" emerged and was supported by the state children's Medicaid and Mental Health directors. Each DC:0-3 diagnosis was carefully reviewed and "crosswalked" to an

ICD-9-CM code that most clinically matched the description of the diagnosis. The Florida DC:0-3 Crosswalk was completed in November, 2001 and reviewed by Dr. Robert Harmon, then a Board member of Zero To Three, a Professor of Psychiatry and Pediatrics and Director of the Irving Harris Program in Child Development and Infant Mental Health in Colorado. Dr. Harmon found the crosswalk to be as "clinically sound" as possible, given the difficulty in aligning some of the DC:0-3 diagnoses with either the DSM-IV or the ICD-9-CM, particularly the category of Regulatory Disorders. The crosswalk was then submitted to Florida Medicaid and the Department of Children and Families, Substance Abuse Mental Health Services Unit where it was endorsed and disseminated statewide. The crosswalk was revised in 2006 following the publication of the *Diagnostic Early Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised* (DC:0-3R) in 2005.

Current Revision:

Since the creation of the first DC:0-3 crosswalk, a number of other states have created crosswalks to either the DSM-IV-TR or the ICD-9-CM or both classification systems. Some states have moved beyond Florida in funding Early Childhood Mental Health Systems of Care that includes promotion, prevention, and intervention services. Recognition of the importance of intervening early in a child's life has also occurred at the federal level within the Substance Abuse Mental Health Services Administration (SAMHSA). The Comprehensive Community Mental Health Services for Children and Their Families Program has provided grants and cooperative agreements to States, communities, territories, Indian tribes, and tribal organizations to improve and expand their systems of care to meet the needs of children with serious emotional disturbances and their families. The grant program has funded a total of 121 grantees across the country and there are currently 57 active system of care communities. Historically, these cooperative agreements have funded systems of care for older children and adolescents, many for those with co-morbid diagnoses. Prior to 2005 only 2 states received Cooperative Agreements for children under the age of five; Vermont and Colorado. In 2005, SAMHSA made early childhood (children birth to age five) a priority when issuing the RFA and recommended the use of the DC:0-3 for diagnosing children birth through three years of age. Twenty-five Cooperative Agreements were awarded in 2005, with 6 focused on early childhood. Since then SAMHSA has continued to expand services to the early childhood population with now 13 Early Childhood System of Care Communities active around the country, all of which serve children birth through three years of age. The Early Childhood Communities of Practice, with Technical Assistance from SAMHSA and Georgetown University, have formed a cohesive body to collectively examine the challenges and opportunities of implementing a systems of care approach for young children within their communities. Through the work of the Diagnosis and Eligibility Work Group, the Child and Adolescent Branch of SAMHSA adopted recommendations to include not only those infants and young children with a mental health diagnosis, but also those at "imminent risk" of developing a mental health or serious emotional disorder as a component of the eligibility criteria for enrollment into systems of care. This is a huge advancement in recognizing the importance of early childhood mental health prevention and intervention services and supports and creating policy change that will have long-lasting effects.

The 2005 Early Childhood awarded sites are nearing the end of their 5th year of the 6- year Agreement and sustainability of services and supports becomes ever more critical. Likewise for the newly funded early childhood sites, mechanisms to increase funding and create feasible sustainability plans is crucial; especially given the economic climate, reduction in state funds, and Medicaid reform.

With this in mind, Florida's crosswalk is now revised to reflect the integration of the most commonly used/recommended DSM-IV-TR and ICD-9-CM codes that are "crosswalked" from the DC:0-3R diagnostic codes. Crosswalks from ten states were reviewed and consolidated into Florida's revised crosswalk. The ten states are: Florida, California (San Mateo), Maine, Oklahoma, Kentucky (Keys), Michigan, Washington, Indiana, Arizona, and Illinois. It is recommended that if giving a DC:0-3R diagnostic code as Primary on Axis I, that it be directly "crosswalked" to the ICD-9-CM code since that is the coding system Medicaid recognizes.

It is recognized that a crosswalk is merely a mechanism for translating diagnoses into "Medicaid language" so that payment for services rendered can be received. It is also recognized that every state varies in what services and ICD-9-CM codes it will cover within the context of a community mental health services program, so it is important to verify each states specific rules. However, it has been found that at least ten states have a great deal of consistency in the Axis I ICD-9-CM diagnostic codes they are using, with the exception of the diagnostic category 400: Regulation Disorders of Sensory Processing.

There are two hopes in revising Florida's Crosswalk: 1) that it serves as a guide in providing greater consistency in the diagnostic codes we are using to diagnose very young children; and 2) that it makes it easier for other states and early childhood system of care communities to move forward on providing needed clinical services to infants and very young children without having to "re-create the wheel" with Medicaid.

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Florida's Crosswalk for DC:0-3 R, DSM-IV-TR and ICD-9-CM
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Axis 1: Clinical Disorders					
DC:0-3 R		**DSM -IV-TR**		**ICD-9-CM**	
100: Posttraumatic Stress Disorder					
100	Posttraumatic Stress Disorder	309.81	Posttraumatic stress disorder	308 308.0 308.2 308.3 308.9 309.81	Acute reaction to stress ** Predominant disturbance of emotions Predominant psychomotor disturbance Other acute reactions to stress Unspecified acute reaction to stress Prolonged posttraumatic stress disorder
150	Deprivation/Maltreatment Disorder	313.89	Reactive Attachment Disorder of Infancy or Early Childhood	313.89 313.90	Other or mixed emotional disturbances of childhood or adolescence, Other (Reactive Attachment Disorder) Unspecified emotional disturbance of childhood or adolescence.
200: Disorders of Affect					
210	Prolonged Bereavement/Grief reaction	V62.82	Bereavement	309.1	Prolonged depressive reaction
220: Anxiety Disorders of Infancy and Early Childhood					
221 222 223 224 225	Separation Anxiety Specific Phobia Social Anxiety Disorder (Social Phobia) Generalized Anxiety Disorder Anxiety Disorder NOS	309.21 300.29 300.23 300.02 300.00	Separation Anxiety Disorder, early onset Specific Phobia Social Phobia Generalize Anxiety Disorder Anxiety Disorder NOS	309.21 300.29 300.23 300.02 300.0	Separation anxiety disorder Other isolated or specific phobias Social Phobia Generalized, Anxiety Disorder Anxiety state, unspecified **
230: Depression of Infancy and Early Childhood					
231	Type I: Major Depression	296.2x 296.3x	Major Depressive Disorder, Single Episode (fifth digit must be inserted) •296.20 Unspecified •296.21 Mild •296.22 Moderate •296.23 Severe w/o psychotic features •296.25 In partial remission •296.26 In full remission Major Depressive Disorder, Recurrent Episode (fifth digit must be inserted): •296.30 Unspecified •296.31 Mild •296.32 Moderate •296.33 Severe w/o psychotic features	296.20 296.3	Major Depressive Disorder single episode Major Depressive Disorder, recurrent episode
			•296.35 In partial remission •296.36 In full remission		

DC:0-3 R		DSM -IV-TR		ICD-9-CM	
232	Type II: Depressive Disorder NOS	311	Depressive Disorder NOS	311 313.1	Depressive Disorder, NOS Misery and Unhappiness Disorder
240	Mixed Disorder of Emotional Expressiveness	296.90	Mood Disorder NOS	313.8 313.9	Other or mixed emotional disturbances of childhood or adolescence** Unspecified emotional disturbance of childhood or adolescence
300	Adjustment Disorder	309.0 309.24 309.28 309.3 309.4 309.9	Adjustment disorder with Depressed Mood Adjustment disorder with Anxiety Adjustment disorder with Mixed Anxiety and Depressed mood Adjustment disorder with Disturbance of Conduct Adjustment disorder with Mixed Disturbance of Emotions and Conduct Adjustment disorder Unspecified	309.0 309.2 309.3 309.4 309.8 309.9	Adjustment disorder w/depressed mood With predominant disturbance of other emotions (range from 309.21-309.29) Adjustment disorder w/disturbance of conduct Adjustment disorder w/mixed disturbance of emotions and conduct Other specified adjustment reactions (range from 309.81-309.89) Unspecified adjustment reaction
400: Regulation Disorders of Sensory Processing					
410: Hypersensitive					
411	Type A Fearful/Cautious	313.9 300.00 300.2	Disorder of Infancy, Childhood or Anxiety Disorder NOS General Anxiety Disorder	300.02 313.00 313.21 313.22 313.9	Generalized Anxiety Disorder Overanxious Disorder Sensitivity/shyness disorder of childhood Introverted disorder of childhood Unspecified emotional disturbance of childhood or adolescence
412	Type B: Negative Defiant	313.9 313.81 312.9	Disorder of Infancy, Childhood or Adolescence NOS Oppositional Defiant Disorder Disruptive Behavior Disorder NOS	313.81 313.9	Oppositional Defiant Disorder Unspecified emotional disturbance of childhood adolescence.
420	Hyposensitive/Under-responsive	313.9	Disorder of Infancy, Childhood or Adolescence NOS	313.20 313.9	Sensitivity, shyness, and social withdrawal disorder Unspecified emotional disturbance of childhood adolescence.
430	Sensory Stimulation-Seeking/Impulsive	313.9 314.01	Disorder of Infancy, Childhood or Adolescence NOS Attention-Deficit/Hyperactivity Disorder, Combined Type or Predominantly	312.3 314	Impulse control disorder, unspecified ** Hyperkinetic syndrome of Impulsive childhood (range from 314.0-314.9)
		312.30	Impulse-Control Disorder NOS	313.9	Unspecified emotional disturbance of childhood adolescence.

DC:0-3 R		DSM -IV-TR		ICD-9-CM	
		314.9	Attention-Deficit/Hyperactivity Disorder NOS		
		312.9	Disruptive Behavior Disorder NOS		
500:Sleep Onset Behavior Disorders					
510	Sleep-Onset Disorder (Protodyssomnia)	307.42	Primary insomnia [*Indicate Axis I or Axis II disorder]* Insomnia related to:	307.41	Transient disorder of initiating or maintaining sleep
		307.45	Circadian Rhythm Sleep Disorder	307.42	Persistent disorder of initiating or maintain sleep
				307.40	Non-organic sleep disorder unspecified
				307.45	Circadian Rhythm sleep disorder of non-organic origin
520	Night-Walking Disorder (Protodyssomnia	307.46	Sleep Terror Disorder	307.41	Transient disorder of initiating or maintaining sleep
		307.47	Dyssomnia NOS, Nightmare disorder, or Parasomnia NOS	307.42	Persistent disorder of initiating or maintain sleep
		307.45	Circadian Rhythm Sleep Disorder	307.45	Circadian Rhythm sleep disorder of non-
				307.46	Sleep arousal disorder
				307.47	Other dysfunction of sleep stages or arousal from sleep
600 Feeding Behavior Disorders					
601	Feeding Disorder of State Regulation	307.59	Feeding Disorder of Infancy or Early Childhood	307.5	Other and unspecified disorders of eating
602	Feeding Disorder of Caregiver - Infant Reciprocity	307.50	Eating Disorder Unspecified	307.50	Eating disorder, unspecified
603	Infantile Anorexia			307.59	Other (feeding disorder of infancy or early childhood of non-organic origin)
604	Sensory Food Aversions				
605	Feeding Disorder Associated with Concurrent Medical Condition				
606	Feeding Disorder Associated with Insults to the Gastrointestinal Tract				

DC:0-3 R		DSM -IV-TR		ICD-9-CM	
700 Disorders of Relating and Communicating					
710	Multisystem Developmental Disorder (MSDD) for children under the age of two years; Pervasive Developmental Disorders can be utilized for children over the age of two if identified.	299.00	Autistic Disorder	299	Pervasive developmental disorders (range from 299.0-299.9) ***
		299.80 313.9	Pervasive Developmental Disorder NOS Disorder of Infancy, Childhood or Adolescence NOS	315.9	Developmental Disorder ***

**** This crosswalk should be used in combination with the actual ICD-9-CM manual. Some diagnoses indicated above require a 4th or 5th digit for billing purposes. Where a range of diagnoses is indicated, the clinician may select the diagnosis that most appropriately fits the presenting symptoms. This crosswalk has been accepted by AHCA (FL Medicaid) and DCF/SAMH Office.**

*****Florida Medicaid does not pay for community mental health services for treatment of Autism, pervasive developmental delay, non-emotional or non-behavioral based developmental disability, or mental retardation.**

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